

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

| | | | |
|---|---|---|--|
| URN: 016 - 04189 - 6885 - 056 | | Date: 08/17/16 | Time: 1449 hours |
| Location: ██████████ Roscoe Boulevard | City or Station: Panorama City | | |
| Bureau/Station/Facility: Transit Policing Division / TSB North | Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO | | |
| Type of Force: Deputy Involved Shooting; Less Lethal Impact Round (Stun Bag); Control Hold | | | |
| Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 | | Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO | |
| <input checked="" type="checkbox"/> Call | | <input type="checkbox"/> Observation | <input type="checkbox"/> Detail |
| | | <input type="checkbox"/> Foot Pursuit | <input type="checkbox"/> Vehicle Pursuit |
| IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO | | Person Notified: Lt. David Grall | Emp: ██████████ IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO |

Involved Employee

| | | | | | | |
|--|------------|-----------------|---|--------------------|--|---|
| E 1 | Employee # | Last Name | First Name | | Middle I. | Rank |
| | ██████████ | Davidian | Arin | | | DSG |
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F | | Race: W | Height: 508 | Weight: 200 | Age: ██████████ | Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM |
| | | | | | <input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty | |
| Unit of Assignment: TPD / TSB North | | | Work Assignment (Unit #, Module, etc.): 645F | | | |
| Individual Force Used: Control Hold; Firearm | | | | | Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | Coroner Case # | |

| | | | | | | |
|--|------------|----------------|---|--------------------|--|---|
| E 2 | Employee # | Last Name | First Name | | Middle I. | Rank |
| | ██████████ | ██████████ | ██████████ | | | DSG |
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F | | Race: H | Height: 507 | Weight: 185 | Age: ██████████ | Shift: <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM |
| | | | | | <input type="radio"/> Regular Shift <input checked="" type="radio"/> OT Shift <input type="radio"/> Off Duty | |
| Unit of Assignment: TPD / TSB North | | | Work Assignment (Unit #, Module, etc.): ██████████ | | | |
| Individual Force Used: Less Lethal Impact Round (Stun Bag) | | | | | Individual Category: <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | Coroner Case # | |

| | | | | | | |
|--|------------|-----------|---|---------|--|---|
| E | Employee # | Last Name | First Name | | Middle I. | Rank |
| | ██████████ | | | | | |
| Sex: <input type="radio"/> M <input type="radio"/> F | | Race: | Height: | Weight: | Age: | Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM |
| | | | | | | <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty |
| Unit of Assignment: | | | Work Assignment (Unit #, Module, etc.): | | | |
| Individual Force Used: | | | | | Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility: _____ | | | | | Coroner Case # | |

On Duty Supervisor

| | | | | | | |
|--|----------------|----------------|-----------|------------|---|---|
| Emp # | Last Name | First Name | Middle I. | Rank | Present | Witness to Incident |
| ██████████ | Munoz | Jose | J | SGT | <input checked="" type="radio"/> YES <input type="radio"/> NO | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| Supervisor Completing Investigation | | | | | | |
| Emp # | Last Name | First Name | Middle I. | Rank | Present | Witness to Incident |
| ██████████ | Hamil | Jeffrey | F | SGT | <input checked="" type="radio"/> YES <input type="radio"/> NO | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| Watch Commander / Supervising Lieutenant | | | | | | |
| Emp # | Last Name | First Name | Middle I. | Rank | | |
| ██████████ | Smitson | Eric | C | LT | | |

Watch Commander / Supervising Lieutenant's Signature: Date: **8-24-16** Copy Provided to Employee by: _____ Emp #: _____

Unit Commander (Print Name): _____ Unit Commander's Signature: _____ Emp #: _____ Date: _____

| |
|--------------------|
| DISCOVERY Use Only |
| FO# |

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
 Copy: Unit Commander

Supervisor's Report on Use of Force

SUSPECT INFORMATION

0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6

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Suspect Information

S 1

| | | | | | | | |
|---|-------|---|---------|--|----------|--|---|
| Last Name | | First Name | | Middle Name | | Armed? Select | |
| White | | Gerry | | Allen | | Other | |
| AKA Last Name | | First Name | | Middle Name | | | |
| White | | Gerry | | Alan | | | |
| Sex: | Race: | Age: | Height: | Weight: | D.O.B: | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C |
| <input checked="" type="radio"/> Male <input type="radio"/> Female | B | 55 | 603 | 200 | 04/09/61 | | |
| Street Address: | | | | City: | | State & Zip Code: | |
| | | | | | | | |
| Booking #: | | Primary Charge Code: | | Secondary Charge Code: | | <input checked="" type="checkbox"/> Criminal History | |
| 4765129 | | 664/187(a) PC | | 245(a)(1) PC | | | |
| Treated on Scene? <input checked="" type="radio"/> YES <input type="radio"/> NO | | Name: | | Unit: | | Phone #: | |
| | | LAFD | | Engine 7 | | 818-756-8681 | |
| Hospital Admission? <input checked="" type="checkbox"/> | | Rec'd Treatment At: | | Coroner Case #: | | Mental History <input checked="" type="checkbox"/> User's guide provides direction on this entry | |
| | | Providence Holy Cross | | | | | |
| By: | | Address: | | Phone #: | | | |
| LAFD Transport | | 15031 Rinaldi St, Mission Hills, CA 91345 | | 818-365-8051 | | | |
| Under Influence: <input type="radio"/> YES <input checked="" type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO | | User's guide provides direction on this entry | |
| | | | | | | | |
| Date: 08/24/2016 | | Time: 1223 | | <input checked="" type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/> | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | |

Suspect Information

S

| | | | | | | | |
|--|-------|----------------------|---------|---|---------|---|---|
| Last Name | | First Name | | Middle Name | | Armed? Select | |
| | | | | | | | |
| AKA Last Name | | First Name | | Middle Name | | | |
| | | | | | | | |
| Sex: | Race: | Age: | Height: | D.O.B: | Weight: | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C |
| <input type="radio"/> Male <input type="radio"/> Female | | | | | | | |
| Street Address: | | | | City: | | State & Zip Code: | |
| | | | | | | | |
| Booking #: | | Primary Charge Code: | | Secondary Charge Code: | | <input type="checkbox"/> Criminal History | |
| | | | | | | | |
| Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO | | By: | | Unit: | | Phone #: | |
| | | | | | | | |
| Hospital Admission? <input type="checkbox"/> | | Rec'd Treatment At: | | Coroner Case #: | | Mental History <input type="checkbox"/> User's guide provides direction on this entry | |
| | | | | | | | |
| By: | | Address: | | Phone #: | | | |
| | | | | | | | |
| Under Influence: <input type="radio"/> YES <input type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO | | User's guide provides direction on this entry | |
| | | | | | | | |
| Date: | | Time: | | <input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/> | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | |

Suspect Information

S

| | | | | | | | |
|--|-------|----------------------|---------|---|---------|---|---|
| Last Name | | First Name | | Middle Name | | Armed? Select | |
| | | | | | | | |
| AKA Last Name | | First Name | | Middle Name | | | |
| | | | | | | | |
| Sex: | Race: | Age: | Height: | D.O.B: | Weight: | Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C |
| <input type="radio"/> Male <input type="radio"/> Female | | | | | | | |
| Street Address: | | | | City: | | State & Zip Code: | |
| | | | | | | | |
| Booking #: | | Primary Charge Code: | | Secondary Charge Code: | | <input type="checkbox"/> Criminal History | |
| | | | | | | | |
| Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO | | By: | | Unit: | | Phone #: | |
| | | | | | | | |
| Hospital Admission? <input type="checkbox"/> | | Rec'd Treatment At: | | Coroner Case #: | | Mental History <input type="checkbox"/> User's guide provides direction on this entry | |
| | | | | | | | |
| By: | | Address: | | Phone #: | | | |
| | | | | | | | |
| Under Influence: <input type="radio"/> YES <input type="radio"/> NO | | Substance: | | 5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO | | User's guide provides direction on this entry | |
| | | | | | | | |
| Date: | | Time: | | <input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/> | | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS | |

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6

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| Employee Witnesses | | | | | |
|---|-----------|---|---|------------|----------|
| Emp. # | Last Name | First Name | Middle Name | | |
| | Soderlund | Christopher | A. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| TPD / TSB North | | | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | | | | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| TPD / TSB North | | | <input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Emp. # | Last Name | First Name | Middle Name | | |
| | Swailes | Garrett | M. | | |
| Unit of Assignment: | | Work Assignment (Unit #, Module, etc.): | Shift: | | |
| TPD / TSB North | | | <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty | | |
| Non-Employee Witnesses | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | Adult |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| Los Angeles Police Department Captain # | | Topanga Division | 91304 | 8187564800 | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| Los Angeles Metro Bus Operator # | | Los Angeles | 90012 | 2132820117 | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |
| Last Name | | First Name | Middle Name | Age | D.O.B. |
| | | | | | |
| Street Address | | City | Zip Code | Phone #1 | Phone #2 |
| | | | | | |

0 1 6 - 0 4 1 8 9 - 6 8 8 5 - 0 5 6